Complete Summary

GUIDELINE TITLE

Integrating smoking cessation into daily nursing practice.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2007 Mar. 87 p. [87 references]

GUIDELINE STATUS

This is the current release of the guideline.

It updates a previously published version: Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Oct. 80 p.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- May 2, 2007, Antidepressant drugs: Update to the existing black box warning on the prescribing information on all antidepressant medications to include warnings about the increased risks of suicidal thinking and behavior in young adults ages 18 to 24 years old during the first one to two months of treatment.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Tobacco use/dependence
- Exposure to tobacco smoke

GUIDELINE CATEGORY

Prevention
Treatment

CLINICAL SPECIALTY

Family Practice
Nursing
Obstetrics and Gynecology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses

GUIDELINE OBJECTIVE(S)

To provide direction to practicing nurses during daily practice in all care settings, both institutional and community

TARGET POPULATION

Adults who smoke

INTERVENTIONS AND PRACTICES CONSIDERED

Treatment

1. Minimal and intensive smoking cessation interventions using the "Ask, Advise, Assist, Arrange" protocol with all clients
    - Assessing and documenting tobacco use and readiness to quit
    - Advising client of importance of quitting tobacco use
    - Assisting clients in the smoking cessation process through counseling, education and offering resources
    - Arranging follow-up and/or referral
2. Re-engagement of clients who have relapsed in the smoking cessation process
3. Advocating smoke-free spaces and protection from second-hand smoke

MAJOR OUTCOMES CONSIDERED

- Number of tobacco users
- Tobacco related-disease rates
- Healthcare costs

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

October 2003 Guideline

An initial database search for existing guidelines was conducted in early 2001 by a company that specializes in searches of the literature for health related organizations, researchers and consultants. A subsequent search of the MEDLINE, CINAHL, and Embase databases, for articles published from January 1, 1995, to February 28, 2001, was conducted using the following search terms and key words: "smoking cessation," "smoking addiction(s)," "relapse," "practice guidelines," "practice guideline," "clinical practice guideline," "clinical practice guidelines," "standards," "consensus statement(s)," "consensus," "evidence based guidelines," and "best practice guidelines." In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

A metacrawler search engine (www.metacrawler.com), plus other available information provided by the project team, was used to create a list of 42 Web sites known for publishing or storing clinical practice guidelines.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. In a rare instance, a guideline was identified by panel members and not found through the database or Internet search. These were guidelines that were developed by local groups and had not been published to date.

The search method described above revealed fourteen guidelines, several systematic reviews, and numerous articles related to smoking cessation. The final step in determining whether the clinical practice guideline would be critically appraised was to apply the following criteria:

1. Guideline was in English
2. Guideline was dated no earlier than 1996
3. Guideline was strictly about the topic area
4. Guideline was evidence-based (e.g., contained references, description of evidence, sources of evidence)
5. Guideline was available and accessible for retrieval

March 2007 Guideline Revision

The search strategy utilized during the revision of this guideline focused on two key areas. One was the identification of new guidelines published on the topic of smoking cessation since the original guideline was published in 2003, and the second was to identify systematic reviews and primary studies published in this area from 2003 to 2006.

Database Search

A database search for existing evidence related to smoking cessation was conducted by a university health sciences library. An initial search of the Medline, Embase and CINAHL databases for guidelines and studies published from 2003 to 2006 was conducted in March 2006, using the following search terms and key words: "smoking cessation", "smoking addiction(s)", "relapse", "practice guidelines", "practice guideline", "clinical practice guideline", "clinical practice guidelines", "standards", "consensus statement(s)", "consensus", "evidence based guidelines" and "best practice guidelines". In addition, a search of the Cochrane Library database for systematic reviews was conducted using the above search terms.

Structured Website Search

One individual searched an established list of websites for guidelines related to the topic area in April 2006. This list of sites, reviewed and updated in April 2006, was compiled based on existing knowledge of evidence-based practice websites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The websites at times did not house a guideline but directed to another website or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/email. (Refer to Appendix A of the updated guideline for a list of websites searched).

Search Engine Web Search

A website search for existing practice guidelines on smoking cessation was conducted via the search engine "Google", using key search terms. One individual conducted this search, noting the results of the search, the websites reviewed, date and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Hand Search/Panel Contributions

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

NUMBER OF SOURCE DOCUMENTS

October 2003 Guideline

The guideline recommendations were adapted from 8 guidelines.

March 2007 Guideline

A total of 83 abstracts were identified for article retrieval and critical appraisal. In addition, four recently published clinical practice guidelines were identified for review and critical appraisal by the panel, using the Appraisal of Guidelines for Research and Evaluation (AGREE Collaboration, 2001) instrument.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus
Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

October 2003 Guideline

In February of 2001, a panel of nurses and researchers with expertise in practice and research related to smoking cessation, from community and academic settings, was convened under the auspices of the Registered Nurses Association of

Ontario (RNAO). At the onset the panel discussed and came to consensus on the scope of the best practice guideline.

A critique of systematic review articles and pertinent literature was conducted to update the existing guidelines. Through a process of evidence gathering, synthesis, and consensus, a draft set of recommendations was established.

March 2007 Guideline Revision

Guideline development staff reviewed abstracts published in key databases on the topic of smoking cessation, focusing on systematic reviews, randomized controlled trials and recently published clinical practice guidelines. The purpose of this review was to identify evidence that would impact on the recommendations, either further supporting the published recommendations, or indicating that a recommendation was no longer appropriate. In the latter case, an "action alert" would be issued, or a full review would be conducted prior to the three-year schedule. No evidence of this nature was identified during the ongoing monitoring phase, and this guideline moved into the revision phase as originally scheduled.

In June of 2006, a panel of nurses with expertise in smoking cessation from a range of practice settings (including institutional, community and academic sectors) was convened by the RNAO. This group was invited to participate as a review panel to revise the *Integrating Smoking Cessation into Daily Nursing Practice* guideline that was originally published in October 2003. This panel was comprised of members of the original development panel, as well as other recommended specialists.

The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Published cost analyses were reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This draft document was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various healthcare professional groups, clients and families, as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to

give overall feedback and general impressions. The results were compiled and reviewed by the development panel; discussion and consensus resulted in revisions to the draft document prior to pilot testing.

A pilot implementation practice setting was identified through a "Request for Proposal" (RFP) process. Practice settings in Ontario were asked to submit a proposal if they were interested in pilot testing the recommendations of the guideline. These proposals were then subjected to a review process, from which a successful practice setting was identified. A nine month pilot implementation was undertaken to test and evaluate the recommendations. The evaluation took place in a recently amalgamated organization comprised of four different sites and serving clients with addictions and mental health. The development panel reconvened after the pilot implementation in order to review the experiences of the pilot site, consider the evaluation results and review any new literature published since the initial development phase. All these sources of information were used to update/revise the document prior to publication.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (A-C) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Nurses implement minimal tobacco use intervention using the "Ask, Advise, Assist, Arrange" protocol with all clients. *(Strength of Evidence A)*

Recommendation 2

Nurses introduce intensive smoking cessation intervention (more than 10 minutes duration) when their knowledge and time enables them to engage in more intensive counselling. *(Strength of Evidence A)*

Recommendation 3

Nurses recognize that tobacco users may relapse several times before achieving abstinence and need to re-engage clients in the smoking cessation process. *(Strength of Evidence B)*

Recommendation 4

Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up. *(Strength of Evidence C)*

Recommendation 5

Nurses implement smoking cessation intervention, paying particular attention to gender, ethnicity, and age-related issues, and tailor strategies to the diverse needs of populations. *(Strength of Evidence C)*

Recommendation 6

Nurses implement, wherever possible, intensive intervention with women who are pregnant and postpartum. *(Strength of Evidence A)*

Recommendation 7

Nurses encourage persons who smoke, as well as those who do not, to make their homes smoke-free, to protect children, families, and themselves from exposure to second-hand smoke. *(Strength of Evidence A)*

Education Recommendations

Recommendation 8

All nursing programs should include content about tobacco use, associated health risks, and smoking cessation interventions as core concepts in nursing curricula. *(Strength of Evidence C)*

Organization and Policy Recommendations

Recommendation 9

Organizations and Regional Health Authorities should consider smoking cessation as integral to nursing practice, and thereby integrate a variety of professional development opportunities to support nurses in effectively developing skills in smoking cessation intervention and counselling. *(Strength of Evidence B)*

All corporate hospital orientation programs should include training to use brief smoking cessation interventions as well as information on pharmacotherapy to support hospitalized persons who smoke. *(Strength of Evidence B)*

Recommendation 10

Nurses seek opportunities to be actively involved in advocating for effective smoking cessation services, including "stop smoking medications." *(Strength of Evidence C)*

Recommendation 11

Nurses seek opportunities to be actively involved in advocating for smoke-free spaces and protection against second-hand smoke. *(Strength of Evidence C)*

Recommendation 12

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education.
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process.
- Dedication of a qualified individual to provide the support needed for the education and implementation process.
- Ongoing opportunities for discussion and education to reinforce the importance of best practices.
- Opportunities for reflection on personal and organizational experience in implementing guidelines.

(Strength of Evidence C)

Refer to the "Description of the Implementation Strategy" field for more information.

Definitions:

Strength of Evidence A: Requires at least two randomized controlled trials as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies, but no randomized controlled trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- It is suggested that if a substantial number of healthcare providers implement minimal smoking cessation interventions, there will be a significant reduction

in the number of tobacco users, a decrease in related tobacco diseases, and a lowering of healthcare costs.
- Nurses, other healthcare professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessments and documentation tools.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The document should be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor a discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of going to press, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation.

In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the "*Toolkit: Implementation of clinical practice guidelines*" based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO guideline *Integrating Smoking Cessation into Daily Nursing Practice*.

The "Toolkit" provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the *Toolkit* addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Foreign Language Translations
Patient Resources
Resources
Staff Training/Competency Material
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2007 Mar. 87 p. [87 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Oct (revised 2007 Mar)

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Registered Nurses Association of Ontario (RNAO) convened a panel to develop this guideline which conducted its work independent of any bias or influence from the Ministry of Health and Long-Term Care.

Declarations of interest and confidentiality were made by all members of the guideline revision panel. Further details are available from the Registered Nurses Association of Ontario.

GUIDELINE STATUS

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It updates a previously published version: Registered Nurses Association of Ontario (RNAO). Integrating smoking cessation into daily nursing practice. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Oct. 80 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p.

Electronic copies: Available in Portable Document Format (PDF) in English and French from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Evaluation tools and staff training materials are available from the RNAO Web site and in the appendices of the original guideline document.

An e-learning course *Helping People Quit Smoking* is available from the RNAO Web site.

PATIENT RESOURCES

The following is available:

- Health education fact sheet. Deciding to quit smoking. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Jan. 2 p.

Electronic copies: Available in Portable Document Format (PDF) in English and French from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

The appendices of the original guideline document include tips for the client, strategies to avoid relapse, and a comparison of first-line medications.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on September 20, 2004. The information was verified by the guideline developer on October 14, 2004. This NGC summary was updated by ECRI Institute on December 28, 2007. The updated information was verified by the guideline developer on March 4, 2008.

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